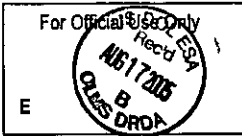


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|---|
| 1 File Number U <u>9142</u> | 2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u> |
| 3 Name and address of person filing Name <u>Ray</u> <u>S</u> <u>Dean</u> P O Box Bldg Room No if any _____ Street <u>2525 W Lexington</u> City <u>Broadview</u> State <u>Illinois</u> ZIP Code + 4 <u>60155</u> | 4 Name file number and address of labor organization Name <u>Iron Workers Local 63 Union</u> Labor Organization File Number <u>022-678</u> P O Box Building and Room Number if any _____ Street <u>2525 W Lexington</u> City <u>Broadview</u> State <u>Illinois</u> ZIP Code + 4 <u>60153</u> |
| 5 Position in labor organization <u>Secretary Treasurer</u> | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|--|---|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6 Name and address of Employer (including trade name if any) Name <u>Illinois Window and Glass</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>1341 Palmer</u> City <u>Downers Grove</u> State <u>Illinois</u> ZIP Code + 4 <u>60516</u> | 7 a Nature of Interest, Transaction or Income <u>Provided a skybox ticket to a White Sox game</u> 7 b Amount <u>\$75</u> |

Signature

| | | |
|---|------------------------|------------------------|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) | | |
| Signed <u>[Signature]</u> | On <u>8/11/05</u> Date | Telephone Number _____ |

| | |
|--------------------------------|---------------|
| Name of Person Filing Ray Dean | File Number U |
|--------------------------------|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|---|
| 8 Name and address of Business (including trade name if any) Name AMTS for Local 63 Trade Name if any P O Box Bldg Room No if any Street 2525 W Lexington Street City Broadview State Illinois ZIP Code + 4 60153 | 9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer |
| 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 11 a Nature of such dealing The Architectural Metal Trainee School (AMTS) is an educational trust fund created by Local 63 Union 11 b Approximate dollar value of such dealing \$0 12 a Nature of interest held or income received Received \$580 in a per diem allowance to cover expenses at the Apprenticeship Advisory Board Meeting in San Francisco from September 11 2004 through September 17 2004 Attended the annual Christmas party cost of meal \$38 12 b Amount \$618 |

| | |
|---|---|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Benefits Management Group Trade Name if any P O Box Bldg Room No if any Suite 304 Street 903 Commerce Drive City Oakbrook State Illinois ZIP Code + 4 60523 | 14 a Nature of payment Tickets to a White Sox baseball game |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ? | 14 b Amount of payment \$30 |

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Blomquist & Company

Trade Name if any

P O Box Bldg Room No if any Suite 1812

Street One Oakbrook Terrace

City Oak Brook Terrace

State Illinois ZIP Code + 4 60181

10 If 9 b or 9 c is checked give trust or employer's name

Name Local 63 Welfare Fund

Trade Name if any

P O Box Bldg Room No if any Suite 200

Street 1000 Burr Ridge Parkway

City Burr Ridge

State Illinois ZIP Code + 4 60527

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

Blomquist and Company provides consulting services to the Fund

11 b Approximate dollar value of such dealing

\$53 000

12 a Nature of interest held or income received

Two business lunches (\$94) and one golf outing (\$85)

12 b Amount

\$179

Name of Person Filing Ray Dean

File Number U

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Local 63 Welfare and Pension Funds

Trade Name if any

P O Box Bldg Room No if any Suite 200

Street 1000 Burr Ridge Parkway

City Burr Ridge

State Illinois ZIP Code + 4 60524

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

I am a trustee for the Welfare and Pension Funds which were created by the Union and employers for the benefit of the members

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

Reimbursed expenses for two seminars attended during 2004 New Orleans \$742 Orlando \$1 240

12 b Amount

\$1 982

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name OBA Midwest Limited

Trade Name if any

P O Box Bldg Room No if any Suite 200

Street 1000 Burr Ridge Parkway

City Oak Brook

State Illinois ZIP Code + 4 60527

10 If 9 b or 9 c is checked give trust or employer's name

Name Local 63 Welfare and Pension Funds

Trade Name if any

P O Box Bldg Room No if any Suite 200

Street 1000 Burr Ridge Parkway

City Oak Brook

State Illinois ZIP Code + 4 60527

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

OBA provides third-party administration to the Funds

11 b Approximate dollar value of such dealing

\$170 000

12 a Nature of interest held or income received

At the Board of Trustees meetings held on March 11 2004 and December 9 2004 the third-party administrator paid for the meals and drinks

12 b Amount

\$174

Name of Person Filing Ray Dean

File Number U

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name PNA

Trade Name if any

P O Box Bldg Room No if any

Street 1510 W 75th Street

City Darien

State Illinois

ZIP Code + 4 60561

10 If 9 b or 9 c is checked give trust or employer's name

Name Local 63 Welfare Fund

Trade Name if any

P O Box Bldg Room No if any Suite 200

Street 1000 Burr Ridge Parkway

City Burr Ridge

State Illinois

ZIP Code + 4 60527

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

Health care service provider of non PPO claims of the Fund

11 b Approximate dollar value of such dealing

\$11 000

12 a Nature of interest held or income received

Received tickets to the White Sox game

12 b Amount

\$30

Name of Person Filing Ray Dean

File Number U

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Amalgamated Bank

Trade Name if any

P O Box Bldg Room No if any

Street One West Monroe

City Chicago

State Illinois

ZIP Code + 4 60603

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Local 63 Welfare and Pension Trusts

Trade Name if any

P O Box Bldg Room No if any

Street 1000 Burr Ridge Parkway

City Burr Ridge

State Illinois

ZIP Code + 4 60527

11 a Nature of such dealing

The Funds have their checking accounts and Trust Fund accounts with the Bank

11 b Approximate dollar value of such dealing

\$5 000

12 a Nature of interest held or income received

Attendance at quarterly meetings between business and labor

12 b Amount

\$1 000

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Amcore Bank

Trade Name if any

P O Box Bldg Room No if any

Street 501 Seventh Street

City Rockford

State Illinois

ZIP Code + 4 61110

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

The Local holds a certificate deposit with the Bank

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Two lunches

12 b Amount

\$50

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Lehman Brothers Asset Management

Trade Name if any

P O Box Bldg Room No if any

Street 200 South Wacker Drive

City Chicago

State Illinois ZIP Code + 4 60606

14 a Nature of payment

Attended a dinner meeting in New Orleans The Local has no direct relationship with Lehman Brothers

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$100

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing Ray Dear

File Number U

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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|--|--|
| <p>8. Name and address of Business (including trade name if any)</p> <p>Name Comerica Bank</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No. if any</p> <p>Street 2 Mid America Plaza</p> <p>City Oak Brook Terrace</p> <p>State Illinois ZIP Code +4 60181</p> | <p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name Mid America Pension Fund</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No. if any</p> <p>Street 2350 E 470th Street</p> <p>City Lansing</p> <p>State Illinois ZIP Code +4 60438</p> | <p>11 a. Nature of such dealing</p> <p>Comerica provides custodial and record keeping services to the Mid America Pension Fund Local 63 is a contributing employer to the Mid America Pension Fund Local 63 has no direct relationship to Comerica and I am not a trustee of Mid America</p> <p>11 b. Approximate dollar value of such dealing \$25,000</p> <p>12 a. Nature of interest held or income received</p> <p>Hosted the Iron Workers District Council Christmas dinner</p> <p>12 b. Amount \$170</p> |

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|--------------------------------|---------------|
| Name of Person Filing Ray Dean | File Number U |
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Part B Continuation Page

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|---|--|
| <p>8 Name and address of Business (including trade name if any)</p> <p>Name Gregorio & Associates</p> <p>Trade Name if any</p> <p>P O Box, Bldg. Room No. if any</p> <p>Street, Two North LaSalle Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60602</p> | <p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p>b Trust</p> <p>c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box, Bldg. Room No. if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11 a Nature of such dealing</p> <p>Provides legal services</p> <p>11 b Approximate dollar value of such dealing \$48 000</p> <p>12 a Nature of interest held or income received</p> <p>Received steaks a Christmas</p> <p>12 b Amount \$150</p> |